

## Instructions

1. See reverse side before completing this form
2. Submit original of this form with each submission of TLD to the Naval Dosimetry Center, NAVENVT7RLH1HCEN Detachment, Bethesda, MD 20889-5614.

# RADIATION EXPOSURE REPORT

[illegible]

# INSTRUCTIONS FOR PREPARATION OF NAVMED 6470/3

The following instructions are applicable to the numbered items on the other side of this form. TLD cards submitted for evaluation shall be listed in the following order: Control TLD cards first, followed by all TLD cards issued to personnel, then by posted TLD cards, then by BUMED area monitor (BAM) TLD cards, and finally all unused TLD cards. The TLD cards do not have to be submitted to the Naval Dosimetry Center in the same order as they are listed on the NAVMED 6470/3 if this report is submitted on magnetic media (e.g., generated by SAMS, ARCMIS, and RER computer programs.).

## ITEM

1. List complete name, mailing address, and telephone number of submitting activity.
2. List 5-digit unit identification code (UIC).
3. Record date on which the report is submitted.
4. The following entries are required in block (4): "CONTROL" for control TLD cards; last name, first name, and middle initial for TLD cards issued to personnel; "POSTED" for posted TLD cards; "BAM-followed by serial number of BUMED area monitor, e.g. BAM-500," for BUMED area monitor TLD cards (Do not list the physical location of the area monitors.); and 'UNUSED' for any TLD cards not used.
5. List social security number (SSN) for all personnel to whom TLD cards were issued. If the individual does not have a SSN, i.e., a foreign national, enter a pseudo SSN as: 800 for the first 3 digits, the year, month, and day of birth. (i.e., 800-YY-MMDD), leave blank for CONTROL, POSTED, and UNUSED TLD cards. List the serial number of the first TLD card placed in the BAM.
6. List the serial number of the TLD card issued. List the serial number of the second TLD card placed in the BAM.
7. List dates of issue and collection for each dosimeter in the following format YYYYMMDD.
8. Use one of the following numeric codes to indicate the type of radiation exposure to be evaluated for each dosimeter:
  1. Deep Photon
  2. Deep Neutron
  3. Deep Photon. Deep Neutron
  4. Shallow Photon and/or Beta
  5. Shallow Photon and/or Beta; Deep Photon
  6. Shallow Photon and/or Beta; Deep Photon; and Deep Neutron
  7. Extremity High Energy Photon (>70 keV)
  8. Extremity Low Energy Photon (<= 70 keV)
  9. Extremity Beta
9. Use one of the following numerical codes to indicate the occupation (occ) code of the person issued the TLD card or for TLD cards not issued to personnel:

00 Control	31 Dental
01 Posted	32 Medical (Nuclear Medicine.)
02 Area Monitor	33 Medical (Therapy)
03 Unused	40 Gamma Radiographer
10 Nuclear Propulsion (Radiation Worker)	41 X-ray Radiography and Accelerator Radiography < 10 MeV
11 Nuclear Propulsion (Non Radiation Worker)	42 Accelerator Radiograph => 10 MeV
12 Nuclear Propulsion (Visitor)	43 RADIAC Calibration
20 Weapons (Radiation Worker)	44 General Industrial
21 Weapons (Non Radiation Worker)	50 Research
22 Weapons (Visitor)	51 Research (Isotopes)
30 Medical (Diagnostics)	90 Other
10. Through 14. Leave Blank.
15. Use as appropriate by submitting activity.
16. Printed name and title, and signature, of person submitting report.
17. through 19. Leave Blank.

Copies of this form and other associated radiation dosimetry materials are available on request from the Naval Dosimetry Center. Telephone numbers: DSN 295-0142/0403/6164, Commercial (301) 295-0142/0403/6164.